International Student Transfer Verification Form

International students transferring to Montcalm Community College from a different college or university in the United States must complete PART I of this form. PART II must be completed by the International Student Designated School Official (P/DSO) at the previous college or university. Return both Parts 1 & 2 to:

Dean of Student and Enrollment Services
francisco.ramirez@montcalm.edu
Montcalm Community College
2800 College Drive
Sidney, MI 48885

PART I  (Please Print Legibly)

Student Name: ________________________________ ________________________________
Last First Middle

Student Address: ________________________________

Country of Birth: __________ Country of Citizenship: _________________

Date of Birth: __________ Field of Study: ________________________________

Degree Program sought at Montcalm Community College: ________________________________

When do you wish to begin at Montcalm Community College? (circle one)

Fall 20___ Spring 20___ Summer 20___

I certify that I am leaving my previous college/university as a student in good-standing, and that my cumulative G.P.A. (grade point average) at my previous college is above 2.0 (C or better)

☐ Yes ☐ No

I request and authorize my previous college/university International Student Designated School Official (P/DSO) to provide the information in PART II of this form to Montcalm Community College, and to provide any other information pertinent to my time at my previous college.

Student Signature: ________________________________ Date: ________________________________
PART II
(To be completed by a Designated School Official from student's previous college/university.)

1. Student's date of entry into U.S. __________________________

2. Initial date of enrollment to your institution __________________________

3. Program level to which the student was admitted __________________________

4. Present non-immigrant visa classification __________________________

5. Date of expiration of student's I-94 __________________________

6. Did the student maintain his/her non-immigrant status? YES □  NO □

7. Would the student be permitted to continue or return to your institution?
   YES □  NO □
   If NO, please explain______________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

8. Is the student currently on Practical Training?  YES □  NO □

   P/DSO's Name: (print) ____________________________________________
   Title: __________________________________________________________
   Phone number____________________ Email________________________

   P/DSO's Signature: _____________________________________________
   Date: ______________________

   Name of College/University: __________________________

   College/University SEAL: